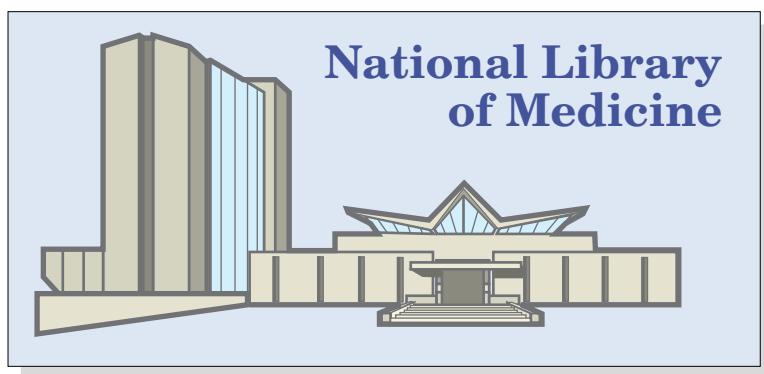


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INTRODUCTION

In the last twenty years there has been increased recognition of the direct relationship between diet and health. Gerontologists and nutritionists are now more interested in the level of a nutrient that it takes to prevent and/or manage a chronic disease state than in the level of a nutrient needed to prevent a deficiency disease state. In terms of nutritional needs, the elderly population is one of the most diverse and heterogeneous of any age group. Determining the nutritional needs of older adults is challenging because their physiology, medical conditions, lifestyles, and social situations are different from those of younger people.

The use of dietary supplements has increased dramatically as our knowledge about the role of nutrients and other bioactive components of food in health has increased. Much of the information about the diet and health connection that has driven this trend is related to the reduction of chronic disease risk in adults. Belief in the use of these substances for health enhancement and disease prevention has been particularly evident among the elderly. The National Institutes of Health (NIH), along with other government agencies such as the US Department of Agriculture (USDA), the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC), have had a keen interest in expanding our knowledge about: (1) the bioavailability of nutrients and other bioactive components of dietary supplements; (2) the identification of critical gaps in our knowledge about the use of dietary supplements in the elderly; and (3) mechanisms of action whereby dietary supplements might delay aging, facilitate health, and prevent the progression of diseases of the elderly.

Dietary supplements encompass a wide range of products, including vitamins, minerals, amino acids, herbs, and other botanicals. The amount of scientific data available on the safety and efficacy of dietary supplements varies enormously, ranging from folklore to facts. For some supplements, recommended levels for the elderly have been established through extensive research and are published, but for others, serious negative health consequences can occur, especially in relation to interactions with prescription medications.

As the third in a series of conferences focusing on dietary supplement use throughout the lifespan*, the NIH Office of Dietary Supplements and the National Institute on Aging organized this conference titled Dietary Supplement Use in the Elderly, held on January 14-15, 2003, in Bethesda, Maryland. Cosponsors of the workshop included the Office of Behavioral and Social Sciences Research, the National Center for Complementary and Alternative Medicine, the National Cancer Institute, the National Eye Institute, and the National Institute for Neurological Diseases and Stroke at the NIH, and the USDA. The goals of the conference were to review the current status of the science related to dietary supplement use in the elderly. The outcomes of the conference will help guide the NIH in the development of future research initiatives in this area.

Consistent with themes developed during previous NIH workshops on dietary supplement use, the agenda of this conference included discussions of four key topical areas from a developmental and methodological perspective. The thematic topics include:

- Monitoring and data needs
- Factors influencing the decision to use dietary supplements
- Aging physiology
- Evidence-based studies on select dietary supplements that have significant public health implications in the elderly population

This bibliography, which was produced in support of the conference, provides a subject arrangement of citations to journal articles, technical reports, and dissertations that contain information in the field of dietary supplements and health in the elderly. It has been divided into thirteen sections and includes: (1) an overview of nutrition, physiology, and the aging process; (2) patterns of supplement use; (3) surveys of products and use; (4) behavioral, social, and cultural factors; (5) interactions of supplements with drugs, foods, and other supplements; (6) assessment methodologies; (7) herbs, botanicals, and phytochemicals; (8)

vitamins and antioxidants; (9) hormone products, (10) amino acids and proteins; (11) minerals; (12) dietary fats; and (13) other types of supplements, such as probiotics and coenzyme Q10. In the first six sections, the citations have been arranged alphabetically by author name. Sections seven through thirteen have been ordered first by area of the body or function that they affect, then alphabetically by author. A citation may appear in more than one category. For example: references on β-carotene may be found both under "Vitamins and Antioxidants" and "Herbs, Botanicals, and Phytochemicals." Also included within the category of "Herbs, Botanicals, and Phytochemicals" are bioactive compounds such as the flavonoids, phytoestrogens, plant sterols, and plant stanols. Dietary fiber constituents are also included in this category.

Because the literature is extensive, this bibliography is necessarily selective. Preference has been given to reports of controlled trials, reviews, case series, and dissertations dealing with populations aged 50 and older that were published in English or which have English abstracts. Results of studies reporting both benefits and risks associated with the use of dietary supplements have been included. Observational diet studies have been included if they provided information on dietary supplements or if they provided background information or added perspective regarding the levels of consumption of important nutrients and/or bioactive compounds. It was not the focus of this bibliography to include citations whereby dietary supplements were administered to the acutely ill or provided by means other than oral intake.

The compilers wish to thank Oluchi Ukaegbu and Phyllis Levine for their technical assistance in editing this bibliography.

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<http://www.nlm.nih.gov/pubs/cbm/elderdietsuppl.pdf>

*Please refer to the ODS homepage <http://dietary-supplements.info.nih.gov/> for information regarding the preceding conferences in the lifespan series: "Dietary Supplement Use in Children: Who, What, Why, and Where Do We Go From Here?" held February 12-13, 2001, and "Dietary Supplement Use in Women: Current Status and Future Directions" held January 28-29, 2002.

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Journal Article:

Example:

Altman RD, Marcussen KC. Effects of a ginger extract on knee pain in patients with osteoarthritis. *Arthritis Rheum.* 2001 Nov;44(11):2531-8. Available from: PubMed; PMID 11710709

Order, with separating punctuation:

Author 1, Author 2, Author 3. Article Title. Abbreviated Journal Title. Date;Volume(Issue):Pages.
Availability.

Dissertation:

Example:

Rawson ES. Creatine supplementation in older men [dissertation]. Amherst (MA): University of Massachusetts; 2000. 222 p.

Order, with separating punctuation:

Author. Dissertation Title: Subtitle [Content Designator]. Place of Publication: Publisher; Date of Publication. Total Number of Pages.

* For details of the formats used for references, see the following publications:

Patrias, Karen. National Library of Medicine recommended formats for bibliographic citation. Bethesda (MD): The Library; 1991 Apr. Available from: NTIS, Springfield, VA; PB91-182030.

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